

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-025942

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED AUG 3 1962

Primary Registration District No.

5065

Registrar's No.

9

STATE FILE NUMBER

e

VS 300
Rev. 4/590060
24/50

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Barton Co. Ozark TownshipLength of stay in 1b
2 wks.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HomeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Crawford

c. CITY OR TOWN Mulberry

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
MulberryReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Joy

Quinnett

4. DATE OF DEATH

Month

Day

Year

7

4

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/8/1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (City and state or country)

Nebraska City, Neb.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

David Quinnett

13b. MOTHER'S MAIDEN NAME

Saria Richter

14. NAME OF HUSBAND OR WIFE

Pearl Wilcox Quinnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes W. W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Pearl Quinnett--wife--Ozark Township

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septic & Intestinal Obstruction 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pylephlebitis caused by Appendiceal Abscess 3 days

DUE TO (c)

Recent Acute Suppurative Appendicitis 5 days

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Appendicitis was inoperable. Poor surgical risk.

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 18, 1955 to July 4, 1962 and last saw him alive on July 3, 1962
Death occurred at 1 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. H. Kneeland, D.O.

22b. ADDRESS

Liberal, Mo.

22c. DATE SIGNED

July 5, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-6-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Fort Scott, Kansas

(State)

1962

24. FUNERAL DIRECTOR

ADDRESS

Walter J. Montanye Mulberry, Ks.

25. DATE RECD. BY LOCAL REG.

July 23 1962

26. REGISTRAR'S SIGNATURE

Alma Turner Sub

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 4034
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Merle D. Brown

Licensed Embalmer No. 4034

P. O. Address Pittsburg, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.